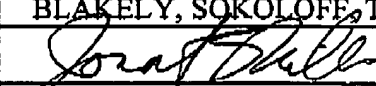
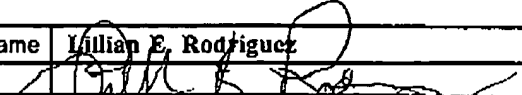


| | | | |
|---|----|------------------------|----------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application No. | 10/757,164 |
| | | Filing Date | January 13, 2004 |
| | | First Named Inventor | Elliot A. Gottfurcht |
| | | Art Unit | 3714 |
| | | Examiner Name | Corbett B. Coburn |
| Total Number of Pages in This Submission | 11 | Attorney Docket Number | 4346P001X4 |

| ENCLOSURES (check all that apply) | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Facsimile Cover Sheet </div> |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Jonathan S. Miller, Reg. No. 48,534 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature |  |
| Date | January 27, 2005 |

| CERTIFICATE OF MAILING/TRANSMISSION | | | |
|--|---|------|------------------|
| I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office. | | | |
| Typed or printed name | William E. Rodriguez | | |
| Signature |  | Date | January 27, 2005 |

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/in 05/04/2004)
 SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460

Patient fees are subject to annual revision

| | |
|----------------------|----------------------|
| Application Number | 10/757,164 |
| Filing Date | January 13, 2004 |
| First Named Inventor | Elliot A. Gottfurcht |
| Examiner Name | Corbett B. Coburn |
| Art Unit | 3714 |
| Attorney Docket No. | 4346P001X4 |

☒ Applicant claims small entity status. See 37 CFR 1.27.

| | | |
|--------------------------------|-------------|-------------|
| TOTAL AMOUNT OF PAYMENT | (\$) | 0.00 |
|--------------------------------|-------------|-------------|

METHOD OF PAYMENT *(check all that apply)*

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fee(s)☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

| | | Extra Claims | | Fee from below | Fee Paid |
|-----------------------|----|-----------------|---|-------------------|----------|
| Total Claims | 14 | 20 | 0 | 25.00 | \$0.00 |
| Independent Claims | 3 | 3 | 0 | 100.00 | \$0.00 |
| Multiple Dependent | | | | | |

Abstract

| Large Entity | Small Entity |
|---|---|
| <p>1. Revenue (Revenue from contracts with customers)</p> <p>2. Cost of Sales (Cost of goods sold)</p> <p>3. Operating Expenses (Selling, general, and administrative expenses)</p> <p>4. Income Tax Expense</p> <p>5. Other Income/Expense (Interest income, interest expense, and other non-operating items)</p> | <p>1. Revenue (Revenue from contracts with customers)</p> <p>2. Cost of Sales (Cost of goods sold)</p> <p>3. Operating Expenses (Selling, general, and administrative expenses)</p> <p>4. Income Tax Expense</p> <p>5. Other Income/Expense (Interest income, interest expense, and other non-operating items)</p> |

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |
|----------|----------|----------|----------|---|
| 1202 | 50 | 2202 | 25 | Claims in excess of 20 |
| 1201 | 200 | 2201 | 100 | Independent claims in excess of 3 |
| 1303 | 350 | 2203 | 180 | Multiple Dependent claim, if not paid |
| 1204 | 300 | 2204 | 150 | Rescued independent claims over original patent |
| 1205 | 300 | 2205 | 150 | Rescued claims in excess of 20 and over original patent |

*or number previously paid, if greater. For Reissues, see below.

| | | |
|--------------|------|------|
| SUBTOTAL (1) | (\$) | 0.00 |
|--------------|------|------|

2 ADDITIONAL FEES

| | Large Entity | Small Entity |
|------------------------------|--------------|--------------|
| 1. Revenue | \$100,000 | \$100,000 |
| 2. Cost of Sales | (40,000) | (40,000) |
| 3. Gross Profit | \$60,000 | \$60,000 |
| 4. Operating Expenses | (20,000) | (20,000) |
| 5. Operating Income | \$40,000 | \$40,000 |
| 6. Interest Expense | (5,000) | (5,000) |
| 7. Income Before Tax | \$35,000 | \$35,000 |
| 8. Income Tax Expense | (10,000) | (10,000) |
| 9. Net Income | \$25,000 | \$25,000 |

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |
|----------|----------|----------|----------|--|
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |
| 2053 | 130 | 2053 | 130 | Non-English specification |
| 1251 | 120 | 2251 | 60 | Extension for reply within first month |
| 1252 | 480 | 2252 | 225 | Extension for reply within second month |
| 1253 | 1,020 | 2253 | 510 | Extension for reply within third month |
| 1254 | 1,690 | 2254 | 785 | Extension for reply within fourth month |
| 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month |
| 1401 | 500 | 2401 | 250 | Notice of Appeal |
| 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal |
| 1403 | 1,000 | 2403 | 500 | Request for oral hearing |
| 1451 | 1,510 | 2451 | 1,510 | Petition to institute a public use proceeding |
| 1460 | 130 | 2460 | 130 | Petitions to the Commissioner |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(c) |
| 1808 | 180 | 1808 | 180 | Submission of Information Disclosure Stmt |
| 1809 | 760 | 1809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) |
| 2810 | 790 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |

Other fee (specify)

SUBTOTAL (2)

(5)

Fee Paid

SUBMITTED BY

Complete (if applicable)

| | |
|-------------------|--------------------|
| Name (Print/Type) | Jonathan S. Miller |
|-------------------|--------------------|

Registration No.
(Attorney/Agent)

48.534

Telephone

(310) 207-3800

Signature

Date _____

01/27/05

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Application Number 10/757,164
Filing Date January 13, 2004
First Named Inventor Elliot A. Gottfurcht
Examiner Name Corbett B. Coburn
Art Unit 3714
Attorney Docket No. 4346P001X4

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

1. EXTRA CLAIM FEES

| | | | | | | |
|-----------------------|----|--------------------|-----|-------------------|--------|----------|
| | | Extra Claims | | Fee from below | | Fee Paid |
| Total Claims | 14 | - 20 th | = 0 | X | 25.00 | = \$0.00 |
| Independent Claims | 3 | - 3 rd | = 0 | X | 100.00 | = \$0.00 |
| Multiple Dependents | | | | | | = |

| Large Entity | Small Entity | |
|--------------|--------------|---|
| Fee Code | Fee Code | Fee Description |
| 1202 | 2202 | 25 Claims in excess of 20 |
| 1201 | 2201 | 100 Independent claims in excess of 3 |
| 1203 | 2203 | 180 Multiple Dependent claim, if not paid |
| 1204 | 2204 | 150 Reissue independent claims over original patent |
| 1205 | 2205 | 150 Reissue claims in excess of 20 and over original patent |

SUBTOTAL (1)

(\$)

0.00

**For number previously paid, if greater, For Reissues, see below*

2. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description |
|---------------------|--------------|----------|----------|--|
| 1051 | 2051 | 65 | | Surcharge - late filing fee or cash |
| 1052 | 2052 | 25 | | Surcharge - late provisional filing fee or cover sheet |
| 2053 | 2053 | 130 | | Non-English specification |
| 1251 | 2251 | 60 | | Extension for reply within first month |
| 1252 | 2252 | 225 | | Extension for reply within second month |
| 1253 | 2253 | 510 | | Extension for reply within third month |
| 1254 | 2254 | 785 | | Extension for reply within fourth month |
| 1255 | 2255 | 1,080 | | Extension for reply within fifth month |
| 1401 | 2401 | 250 | | Notice of Appeal |
| 1402 | 2402 | 250 | | Filing a brief in support of an appeal |
| 1403 | 2403 | 600 | | Request for oral hearing |
| 1451 | 2451 | 1,510 | | Petition to institute a public use proceeding |
| 1480 | 2480 | 130 | | Petitions to the Commissioner |
| 1807 | 1807 | 50 | | Processing fee under 37 CFR 1.17(a) |
| 1808 | 1808 | 180 | | Submission of Information Disclosure Stmt |
| 1809 | 1809 | 395 | | Filing a submission after final rejection (37 CFR § 1.129(a)) |
| 1810 | 2810 | 395 | | For each additional invention to be examined (37 CFR § 1.129(b)) |
| Other fee (specify) | | | | |
| SUBTOTAL (2) | | | | (\$) |

Fee Paid

SUBMITTED BY

Name (Print/Type) Jonathan S. Miller

Registration No. (Attorney/Agent)

48,534

Complete (if applicable)

Telephone

(310) 207-3800

Signature

Date

01/27/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (viii) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22312-1460

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PATENT
Attorney's Docket No. 4346P001X4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|----------------------------------|---|-----------------------------|
| In re Application of: |) | |
| Elliot A. Gottfurcht |) | Examiner: Corbett B. Coburn |
| Serial No. 10/757,164 |) | Art Group: 3714 |
| Filed: January 13, 2004 |) | |
| For: Method and Apparatus for |) | |
| Playing Video and Casino Games |) | |
| with a Television Remote Control |) | |

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

In response to the Final Office Action mailed December 2, 2004, in connection with the above referenced patent application, Applicants respectfully request entry of the following amendments and request reconsideration in view of the following remarks.